Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective January 1, 2003

| CLAIMS AS FILED - PART I (Column 1) (Column 2)  |  |   |              |                               |                                       |                  | SMALL ENTITY TYPE   |                        | OR    | OTHER THAN<br>OR SMALL ENTITY |                        |
|---|--|---|--------------|-------------------------------|---------------------------------------|------------------|---------------------|------------------------|-------|-------------------------------|------------------------|
| TOTAL CLAIMS  |  |   | 20           |                               |                                       |                  | RATE                | FEE                    |       | RATE                          | FEE                    |
| FOR   |  |   | NUMBER FILED |                               | NUMBER EXTRA                          |                  | BASIC FEE           | 375.00                 | OR    | BASIC FEE                     | 750.00                 |
| TOTAL CHARGEABLE CLAIMS   |  |   | W min        | us 20=                        | *                                     |                  | X\$ 9=              |                        | OR    | X\$18=                        |                        |
| INDEPENDENT CLAIMS  |  |   | $\sim_{min}$ | nus 3 =                       | *                                     |                  | X42=                |                        | OR    | X84=                          |                        |
| MU  | LTIPLE DEPEN   | DENT CLAIM PI                             | RESENT       |                               |                                       |                  | +140=               |                        | OR    | +280=                         |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2              |  |   |              |                               |                                       | TOTAL            |                     | OR                     | TOTAL |                               |                        |
| CLAIMS AS AMENDED - PART II   |  |   |              |                               |                                       |                  |                     | <b></b> _              |       | OTHER                         | THAN                   |
|   | ·  |   | (Colur       |                               |                                       | SMALL            | ENTITY              | OR                     | SMALL | ENTITY                        |                        |
| AMENDMENT A   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>DUSLY                          | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
| NDM   | Total  | *   | Minus        | **                            |                                       | =                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
| AME   | Independent  | *   | Minus        | ***                           | · · · · · · · · · · · · · · · · · · · | =                | X42=                |                        | OR    | X84=                          |                        |
| L   | FIRST PRESE  | NTATION OF M                              | ULTIPLE DEF  | PENDENT                       | CLAIM                                 |                  | +140=               |                        | OR    | +280=                         |                        |
|   |  | TOTAL                                     |              |                               | TOTAL<br>ADDIT. FEE                   |                  |                     |                        |       |                               |                        |
|   |  | ADDIT. FEE                                |              |                               | AUDIT. FEE                            |                  |                     |                        |       |                               |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                          | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                            |                                       | =                | X\$ 9=              |                        | OR    | X\$18=                        |                        |
| AME   | Independent  | *<br>NTATION OF MI                        | Minus        | ***                           | CLAINA                                | = _              | X42=                |                        | OR    | X84=                          | 1                      |
| <b> </b>  | FIRST PRESE  | ULTIPLE DEF                               | PENDENI      | CLAIIVI                       |                                       | +140=            |                     | OR                     | +280= |                               |                        |
|   |  |   |              |                               |                                       |                  | TOTAL<br>ADDIT, FEE |                        | OR    | TOTAL<br>ADDIT. FEE           |                        |
|   | (Column 1) (Column 2) (Column 3)   |   |              |                               |                                       |                  |                     |                        |       |                               |                        |
| AMENDMENT C   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |              | HIGH<br>NUM<br>PREVIO<br>PAID | BER<br>OUSLY                          | PRESENT<br>EXTRA | RATE                | ADDI-<br>TIONAL<br>FEE |       | RATE                          | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus        | **                            |                                       | =                | X\$ 9=              |                        | OR    | X\$18=                        | !                      |
| ME  | Independent  | *   | Minus        | ***                           |                                       | <u></u>          | X42=                |                        | OR    | X84=                          |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM   |   |              |                               |                                       |                  |                     |                        |       |                               |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. |  |   |              |                               |                                       |                  |                     |                        |       | +280=                         |                        |
| **  | ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |   |              |                               |                                       |                  |                     |                        |       |                               |                        |